

Responding to Complaints – Isle of Man

A complaint is any expression of dissatisfaction. These can be made verbally or in writing. They can be directed either to the organisation involved, such as a GP practice/hospital, or to Manx Care.

Manx Care Complaints Procedure and Timescales

Complaints are sent directly to the Care Quality and Safety (CQS) Team who oversee all Manx care complaints. If a complaint is raised directly with a member of staff and cannot be resolved within 3 working days, is complex or the complainant asks for it to be treated as a complaint then the staff member will redirect the matter to the CQS team. The organisation receiving the complaint should investigate this locally first and the complainant can approach any healthcare professional or local service manager at the earliest opportunity. A full written response must be provided from a relevant senior manager/clinical lead.

Acknowledgement of a complaint should be sent within 5 working days. This should include an offer to meet to discuss how the complaint will be handled. The complainant should be advised they will be provided with a response within 20 working days of receipt of the complaint. This may be a final outcome letter or an update letter for more complex complaints.

If local resolution is not achieved, complainants have the right to seek an independent review by the Health and Social Care Ombudsman (HSCOB). A review can be requested up to 12 months after the date the complainant became aware of the matter alleged in the complaint or up to 6 months after a decision in writing has been issued whichever is later.

All complaints should be made within 12 months of an incident or the complainant becoming aware of a concern. The time limit can be extended if good reasons are provided for the complaint not being made sooner. It is, therefore, recommended that complaints outside of this timeframe are still investigated, unless it is no longer possible to do so.

Good Medical Practice and Complaints

All doctors have professional obligations in relation to responding to complaints. The GMC's guidance [Good medical practice](#) states: *"You must respond promptly, fully and honestly to complaints and apologise when appropriate. You must not allow a patient's complaint to adversely affect the care or treatment you provide or arrange"*.

Patient Confidentiality

Where someone other than the patient has complained on their behalf, consent to respond must be provided by the patient. Where a patient lacks capacity to consent or is deceased, you need to ensure you can justify disclosure of information to the complainant in line with the GMC's guidance on [Confidentiality](#).

Decisions regarding disclosure of information can sometimes be complex and we recommend seeking advice from MDDUS if you are unsure.

Complaint Responses

A well written complaint response, demonstrating reflection and learning, can be instrumental in preventing a concern from escalating. Most complainants are looking for:

- A thorough investigation of their concerns
- A clear explanation of what happened
- Assurance that steps have been taken to learn from events
- An apology.

Your [professional duty of candour](#) requires you to be open and honest and apologise when something has gone wrong with a patients care or has the potential to cause harm or distress.

Investigation of Complaints

All complaints should be thoroughly investigated, ideally by someone not directly involved in the concerns. A holding response letter should include a summary of the complaint so that it is clear what will be investigated and provide a likely timeframe for a response.

When investigating a complaint, you should:

- Review the patient's records (in cases of clinical concerns), recorded phone calls or video consultations and any relevant policies or guidance.
- Give all individuals involved the chance to comment, either verbally or as a written statement. In doing so they should have access to the complaint and relevant clinical notes or recordings. Anyone providing a statement should include an account of their involvement and an answer to any specific questions from the complaint.
- Explore learning points and consider how they will be actioned.
- Undertake and document a more formal review, such as an SEA, where the concerns raised are significant, for example where the patient may have come to harm. This may be shared with the complainant, if requested.

The Final Response

One response. It is advisable that the complaints lead provides a detailed letter of response incorporating the comments of all those involved, rather than individuals providing separate responses.

The right tone. Try to keep your response professional, empathetic and objective. You should refrain from emotive or defensive language. Make sure it acknowledges and addresses all the concerns raised in the complaint. To set a conciliatory tone, it is helpful to start with an apology for the patient's concerns and reassurance that you have taken the complaint seriously. You should then explain what you have done to prepare the response.

Sequence of events. You should include a factual chronology of the care provided or the events, as they occurred. For any clinical consultations this should include an account of the history, any examination, the working diagnosis (together with any differential diagnoses) and management plan, including any advice given or referrals made.

Simple language. The response should be written in language the patient will understand. You should explain any medical terms and avoid abbreviations. Where included, you should set out whether observations and/or investigations were normal or abnormal.

Be specific. You should then answer any specific questions that the complainant has raised. You should however avoid speculation. It is OK to say you do not have an answer or will try to find out.

Learning points. The response should include evidence of reflection, and details of any specific learning points, together with how these will be addressed. This demonstrates the organisation has taken the complaint seriously and is willing to act on learning points identified to improve patient care.

Offer to meet. The letter should end with an offer to meet to discuss the response and include details of the complainant's right to seek an independent review of their complaint by the Health and Care Services Ombudsman (HSCOB), for complaints made after 31 October 2022. Any complaints made before 31 October 2022, will continue to be handled by the NHS Independent Review Body (IRB).

MDDUS review. It can be beneficial to have your response reviewed by MDDUS before you send it on. All patient-identifiable details should be removed from the correspondence before it is sent to MDDUS.

Appraisal Discussion

You should discuss any complaint you have been involved in at your appraisal. This should focus on the learning identified and any planned actions arising from your reflections. Reflective notes do not need to capture full factual details of an experience and should be appropriately anonymised. They should focus on the learning or actions taken from a case or situation.

Complaint Documentation

All correspondence relating to a complaint should be held securely in a complaint file, separate from the patient's records, and should be kept in line with the NHS retention schedule. You should keep only the final version of any letter/s of response or witness statement/s and not draft versions.